

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/889518		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		2		1			55						
6		(1)					56						
7		(1)					57						
8		(1)		1			58						
9		(1)		1			59						
10		(1)		1			60						
11		(1)		1			61						
12		(1)		1			62						
13		(1)		1			63						
14		(1)					64						
15		(1)					65						
16		(1)		1			66						
17		(1)		1			67						
18		(1)		1			68						
19		1		1			69						
20				1			70						
21				1			71						
22				1			72						
23							73						
24							74						
25							75						
26							76						
27				1			77						
28							78						
29							79						
30							80						
31							81						
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36							86						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		2				TOTAL IND.						
TOTAL DEP.	21		17				TOTAL DEP.						
TOTAL CLAIMS	22		19				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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